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MAR 20 2006

## FACSIMILE COVER SHEET

DATE: 03/20/2006  
TO: Examiner FAX NO.: 571-273-8300  
GILLIGAN, Christopher L.  
USPTO GPAU 3626  
FROM: John R. Schell / *MAN* Reg. No. 50,776

RE: REPLY TO NON-FINAL OFFICE ACTION  
INFORMATION DISCLOSURE STATEMENT WITH FEE  
PETITION FOR EXTENSION OF TIME (1-MONTH)

U.S. APP NO.: 09/992,036

FILING DATE: 11/23/2004

APPLICANT(S): Michael D. Dahlin et al.

ATTY DKT NO.: 1039-0040

TITLE: Systems and Methods for Documenting  
Medical Findings of a Physical Examination

NO. OF PAGES (INCL. COVER SHEET): 17

**Attached please find:**

- PTO/SB/21 Transmittal Form (1 pg.)
- PTO/SB/17 Fee Transmittal Form (1 pg.)
- Reply to Non-Final Office Action (10 pgs.)
- Information Disclosure Statement Cover Sheet (2 pgs.)
- PTO/SB/08S IDS Transmittal by Applicant (1 pg.)
- PTO/SB/21 Petition for Extension of Time - One-Month (1 pg.)

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MAR 20 2006

PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

16

Application Number 09/992,036

Filing Date 11/23/2001

First Named Inventor Michael D. Dahlin

Art Unit 3626

Examiner Name GILLIGAN, Christopher L.

Attorney Docket Number 1039-0040

**ENCLOSURES (Check all that apply)**

- Fee Transmittal Form  
 Fee Attached
- Amendment/Reply  
 After Final  
 Affidavits/declaration(s)
- Extension of Time Request
- Express Abandonment Request
- Information Disclosure Statement
- Certified Copy of Priority Document(s)
- Reply to Missing Parts/ Incomplete Application  
 Reply to Missing Parts under 37 CFR 1.52 or 1.53

- Drawing(s)  
 Licensing-related Papers  
 Petition  
 Petition to Convert to a Provisional Application  
 Power of Attorney, Revocation  
 Change of Correspondence Address  
 Terminal Disclaimer  
 Request for Refund  
 CD, Number of CD(s) \_\_\_\_\_  
 Landscape Table on CD

## Remarks

Customer Number 34456

After Allowance Communication to TC

Appeal Communication to Board of Appeals and Interferences

Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

Proprietary Information

Status Letter  
Other Enclosure(s) (please identify below):**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name LARSON NEWMAN ABEL POLANSKY &amp; WHITE, LLP

Signature

Printed name

John R. Schell

Date

3-20-06

Reg. No.

50,776

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Laura H. Andre

Date

03/20/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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*Effective on 12/08/2004.*  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## **FEE TRANSMITTAL For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
**240.00**

### **Complete if Known**

Application Number	09/992,036
Filing Date	11/23/2001
First Named Inventor	Michael D. Dahlin
Examiner Name	GILLIGAN, Christopher L.
Art Unit	3626
Attorney Docket No.	1039-0040

### **METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): Larson Newman Abel  
 Deposit Account Deposit Account Number: 50-3797 Deposit Account Name: Polansky & White LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### **FEE CALCULATION**

#### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### **2. EXCESS CLAIM FEES**

##### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP =	x	=			
HP = highest number of total claims paid for, if greater than 20				50	25

  

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=			
HP = highest number of independent claims paid for, if greater than 3					

#### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	<u>Fee Paid (\$)</u>

#### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: 2251/1806: Extension of Time (1 mon.)/Petition Fee - IDS

60/180

#### **SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	50,776	Telephone	512-439-7100
Name (Print/Type)	John R. Schell			Date	3-20-06

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